

CHDO BOARD
Certification of Income

Board Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Number of persons occupying your home? _____

Indicate annual household income: _____

I certify that the information above is true and complete to the best of my knowledge on the date hereof.

Signature of Board Member

Date

Official Use Only:

The Board member has met the income requirements necessary to qualify under 1/3 represented by low income. The household income is _____% AMI.

CITY OF ROCKFORD APPROVED BY:

Grants Compliance Supervisor

Date